## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/521514

| CLAIMS AS FILED - PART I    |   |   |   |  |                     |                               | SMALL ENTITY |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|-----------------------------|---|---|---|--|---------------------|-------------------------------|--------------|------------------------|----------------------------|---------------------|------------------------|
| (Column 1) (Column 2        |   |   |   |  |                     |                               | TYPE         |                        | UR<br>I                    | SMALL E             | ,NIIIY                 |
| u.s                         | . NATIONAL S  | STAGE FEES                                    |   |  |                     |                               | RATE         | FEE                    |                            | RATE                | FEE                    |
| BASIC FEE                   |   |   | SMALL ENT. = \$ 150                                 |  | LARG                | E ENT. = \$ 300               | BASIC FEE    | 1500                   | OR                         | BASIC FEE           |                        |
| EXAMINATION FEE             |   |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |  |                     | ner situations = 100 / \$ 200 | EXAM. FEE    | 100                    |                            | EXAM. FEE           |                        |
| SEARCH FEE                  |   |   | U.S. is ISA = \$5<br>ALL other coun                 | 50/\$100                               |                     | ner situations = 250 / \$ 500 | SEARCH FEE   | 200                    |                            | SEARCH FEE          |                        |
|                             |   |   | \$ 200 / \$ 4                                       |  |                     | / 50 =                        | X \$ 125 =   |                        |                            | X \$ 250 =          |                        |
| FEE FOR EXTRA SPEC. PGS.    |   |   | minus 100 =   |  |                     |                               |              | <u> </u>               | OR                         | X \$ 50 =           |                        |
| TOTAL CHARGEABLE CLAIMS     |   |   | /7 minus 20 = .                                     |  |                     |                               | X \$ 25 =    |                        |                            |                     |                        |
| IND                         | PENDENT CL  | AIMS  | 2 minus 3 = .                                       |  |                     |                               | X \$ 100 =   |                        | OR                         | X \$ 200 =          |                        |
| MUL                         | TIPLE DEPEN   | DENT CLAIM PRI                                | ESENT   |  |                     |                               | + \$ 180 =   |                        | OR                         | + \$ 360 =          |                        |
| * If                        | the difference  | in column 1 is                                | less than zero,                                     | s than zero, enter "0" in colun        |                     |                               | TOTAL        | 450                    | OR                         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II |   |   |   |  |                     |                               | SMALL        | ENTITY                 | OTHER THAN OR SMALL ENTITY |                     |                        |
| AMENDMENT A                 |   | (Column 1)  CLAIMS  REMAINING  AFTER          |   | HIGH<br>NUM<br>PREVK                   | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA              | RATE         | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                             |   | AMENDMENT                                     |   | PAID                                   | FOR                 | =                             | X \$ 25 =    |                        | OR                         | X \$ 50 =           |                        |
|                             | Total   | -   | Minus<br>Minus                                      | ***                                    |                     | =                             | X \$ 100 =   |                        | OR                         | X \$ 200 =          |                        |
|                             | Independent   |   |   | NOCATI                                 | CL AIM              |                               | + \$ 180 =   |                        | OR                         | + \$ 360 =          |                        |
|                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                      |   |   |  |                     |                               | TOTAL ADDIT. |                        | ÓR                         | TOTAL ADDIT.        |                        |
| FEE                         |   |   |   |  |                     |                               |              |                        |                            |                     |                        |
| 8                           |   | (Column 1)  CLAIMS  REMAINING  AFTER          |   | (Colum<br>HIGH<br>NUM<br>PREVK<br>PAID | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA              | RATE         | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                   | T-4-4   | AMENDMENT .                                   | Minus   | **                                     | 1011                | =                             | X \$ 25 =    |                        | OR                         | X \$ 50 =           |                        |
|                             | Total   |   | Minus   | ***                                    |                     | =                             | X \$ 100 =   |                        | OR                         | X \$ 200 =          |                        |
|                             | Independent * Minus  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |  |                     |                               | + \$ 180 =   |                        | OR                         | + \$ 360 =          |                        |
|                             | PIRST PRESENTATION OF MOETH CE SE                                   |   |   |  |                     |                               | TOTAL ADDIT. |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
|                             | If the entry in colo<br>If the "Highest No                          | ımın 1 is less than th<br>ımber Previously Pa | ie entry in column 2<br>ild For IN THIS SP          | ACE IS ICS                             | 2 RIGHT T           | 0,0                           |              |                        | -                          |                     |                        |

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".